A nonpartisan research and public policy office of the Connecticut General Assembly

Testimony of

Julia Evans Starr, Executive Director
CT Commission on Aging

Appropriations Committee
February 19, 2013
HB 6350

RE: Legislative Commission on Aging Budget in FY 14-15

Good afternoon Senator Harp, Representative Walker, Senator Kane, Representative Miner, esteemed members of the Appropriations Committee. My name is Julie Evans Starr and I am the Executive Director of the CT Commission on Aging (CoA). I appreciate the opportunity to present today. I am also thankful for your support of the Legislative Commission on Aging over the past several years and ask for your continued support of this important agency. **As you know, the Governor's proposed budget eliminates the Commission on Aging while it merges the other five Legislative Commissions. We are strongly opposed to both of these proposals, but will focus our comments on the CoA.**

In the face of these exceptionally challenging fiscal times we, at the Commission on Aging, have been unwavering in our dedication and innovation ~ we have remained a part of the solution! Through our work we analyze demographic trends, maximize state and federal funds, work across branches of state government, identify greater efficiencies within state government, lead cutting-edge research, identify and promote national trends and best practices and bring accountability to state government. These all add up to tangible, measurable results. In other words, we represent the very best of state government.

DEMOGRAPHICS: CoA Prepares CT for an Aging and Long- Lived Demographic: The CoA brings dedicated focus and objective direction based in large part on demographic trends. Connecticut is the 7th oldest state in the nation. Demographics indicate that our population of older adults will explode in the next twenty years. From 2006 to 2030 our 65+ population will increase by 64%. The oldest of the baby boomer generation (those born between 1946-1964) have already begun turning 65 years of age. The whole of the boomer generation – almost 1 million strong in CT – will follow suit. Additionally, people are living longer. As our

CoA leads or actively participates as a member of the following partnerships:

Co-Chair - Money Follows the Person Steering Committee, Chair: Workforce Development Subcommittee

Co-Chair and Manager LTC Advisory Council: CGS §17b-338

Low Income Energy Advisory Board: CGS §16a-41b

Legislative staff Grandparents Visitation Rights Task Force (SA 11-12, PA 12-137)

Legislative Staff & Member Aging in Place task Force (SA 12-6, SB 886)

Medical Assistance Program Oversight Council: CGS §17b-28 and Complex Care Committee

Chair & Manager, CT Elder Action Network (CEAN)

And more...

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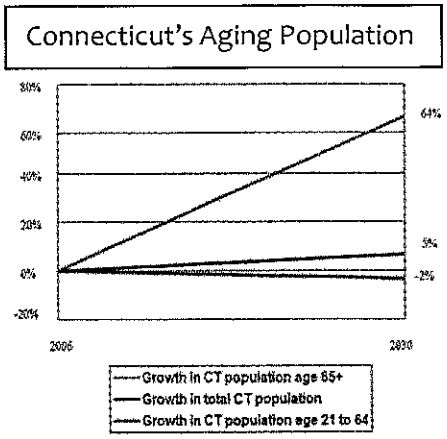
older population grows and experiences unprecedented longevity, it will impact nearly every facet of society-- and state government is no exception. State Medicaid budgets, other safety net programs and families are strained at a time when the recession challenges the reliance on pensions and home equity. Though people on Medicaid using long-term services and supports (LTSS) only comprise 6% of the Medicaid population, they utilize 61% of the expenditures. Proactively, the CoA works with the CGA, policymakers on all levels and diverse stakeholders to meet these challenges, prioritize funding and prepare for our state's graying future.



Simply said, the aging of Connecticut is an issue that affects us all – it is our grandparents, our parents, ourselves...

CoA is a LEGISLATIVE OFFICE and NOT an EXECUTIVE BRANCH AGENGY: There is profound concern among the aging community that older adults have been discriminated against with this new proposal. The rationale for the elimination is that now there is an executive branch Department on Aging. By way of background, the State Department on Aging (SDA) takes the existing 28 employees, the existing funds and the existing programs of the State Unit on Aging, including the LTC Ombudsman Program (presently at the Department of Social Services) and moves them into a new Department (to remain located at DSS). The Governor's budget allows for a Commissioner and an administrative assistant. The State Unit on Aging-- now the SDA-- administers programs and services (e.g. the Elderly Nutrition Program) off of the Executive Branch. The CoA is an objective, nonpartisan office off of the Legislative Branch. For the past 20 years we have co-existed with DSS—each with its own, distinct role.

The work of the Legislative CoA would continue to cut across several Executive Branch agencies that have aging-related programs. Major aging-related programs will remain at the Department of Social Services (and outside of the SDA), including the CT Home Care Program for Elders, Rebalancing Initiatives including Money Follows the Person, the Medicaid MME initiative... Again, Executive Branch agencies (such as DPH, DMHAS, DSS, DCF) administer programs and services, report to the Governor and carry a Governor's agenda! The Legislative Commissions, namely the CoA, work directly with the Legislature to provide the necessary checks and balances within state government.

To illustrate the perimeters of Executive Branch agencies: Countless colleagues from various state agencies (including the new Dept. on Aging, DSS, DMHAS, DPH) would like to publicly express their support for the Legislative Commission on Aging. They recognize our important role within state government. However, they are unable to do so as Executive Branch employees. It would be counter to the Governor's direction.

CoA's ROLE AS LEGISLATIVE STAFF (specific examples):

- **Grandparents Visitation Rights** – As mandated by SA 11-12, the Legislative CoA provided administrative staff support for the Grandparents' Visitation Rights Task Force. Over 200 hours of staff time went into providing this support to the Task Force. Far too often it isn't acknowledged how much staff support goes into helping a task force be effective in its work. Tasks include but are not limited to: working with appointing authorities to get members appointed, working with the co-chairs to develop timelines and providing background on the issue, identifying experts to present, writing the report, advising on the bill that comes out of the report, raising awareness about the bill to interested parties and providing testimony on the bill. The Grandparents' Visitation Rights Task Force submitted its report to the CGA on February 1, 2012. As a result of the task force's work, the Governor signed PA 12-137: An Act Concerning

Visitation Rights for Grandparents and Other Persons on the Grandparents' Visitation Rights bill, on June 15, 2012.

- **Aging in Place Task Force:** As mandated by SA 12-6, the Legislative CoA served as a member and as administrative staff to the Aging in Place Task Force. Similar to the tasks described above, CoA staff provided significant amounts of research and background information to task force members, worked with the Legislative co-chairs to arrange for and to prepare a dozen experts to speak to the task force, drafted a final report and submitted it to the CGA. The culmination of this work resulted in the crafting of legislation this session, SB 886: An Act Concerning Aging in Place.

80% of Connecticut residents expect to stay in their homes and communities as they age.

- **In the 2013 Session, legislators are calling upon the Commission's additional expertise** through the introduction of at least two bills. The pieces of legislation would require the Legislative CoA to study and report to the CGA on various issues at no additional cost to the state. HB 5762: An Act Concerning a Study of Funding and Support for Home- and Community-Based Care for the Elderly and Alzheimer's Patients and HB 6396: An Act Concerning Livable Communities.

- **Bill tracking tool:** The legislative CoA tracks hundreds of bills and proposals each session and distributes a bill tracking tool to legislators, legislative staff and the aging network of stakeholders.

- **Constituent Work for Legislators:** The Legislative CoA is often called on by legislative staff to provide information and support on constituent matters. We have fielded hundreds of phone calls from constituents and legislative staff this year alone. Additionally, we participate, across the state, in senior fairs hosted by legislators and we provide support to legislative staff in providing ideas for and preparation of aging-related topics for newsletters in their district.

CoA's WORK YIELDS SIGNIFICANT SAVINGS: Maximizes State and Federal Funds/ Partners with the Philanthropic Community: Undeniably, the CoA's vigilance has brought into the state millions of dollars. We continually analyze and identify opportunities to maximize state and federal funding. In our work to explore and review the Affordable Care Act (national health care reform), we have vetted, recommended and strongly encouraged the Executive Branch to pursue several initiatives that generate enhanced revenues for our state.

CoA's expertise, vigilance and reach across branches of government helps secure and maximize federal funds. These funds do not go into the CoA budget, but rather back into the State budget and will in part be used to transform and streamline CT's long-term services and supports system.

Policymakers can't be expected to know about every complex federal funding opportunity or the distinct nuances of every aging-related issue, initiative or program – rather, we are that expert resource for YOU. We identify concrete ways the state can improve efficiency, save money, and actually help the constituency.

Again, these identifiable savings, however, do not go into the CoA budget. As a matter of fact, any fundraising or expectation of fundraising to support the Commission would be ill-advised – as 65% of dollars raised would go to the Comptroller's office for fringe benefits.

I would assert – during tough fiscal times – that revenue- generating entities and skillful problem-solvers should not be eliminated, minimized through reduced funding or ill-conceived consolidation. Instead, perhaps they should be incentivized or rewarded -- or at least funded adequately to

maximize their effectiveness. In other words, if the further reduction is being proposed in an attempt to save money – it simply won't... quite the contrary!

CoA Looks at the Big Picture and Works on Major Systems Change: CoA devotes significant energy and provides critical leadership in the area of long-term services and supports, which represents over $2 billion, or 13%, of the state budget. Using research, the CoA has developed and pursued a series of policy proposals that honor the U.S. Supreme Court Olmstead Decision, CT state law (CGS §17b-337), meaningfully streamline state government, and potentially save Connecticut up to $900 million each year. Additionally, these proposals increase choice in how and where people of all ages receive care, thereby enhancing their quality of life. Ironically, we are pleased to see that Governor Malloy has recommended many of these proposals in his budget, including proposals about modernizing nursing homes, expanding and enhancing Money Follows the Person and tackling the direct care workforce.

The CoA utilizes multiple approaches to turn the curve on long-term care reform. In addition to our policy proposals, we also lead major collaborations such as Co-chair of the Money Follows the Person Steering Committee (a $200 million+ federal demonstration program) and Co-Chair and manager of the legislatively mandated Long-Term Care Advisory Council. We fully informed countless high profile reports including The Governor's 2013 Rebalancing Plan, CBIA's 21st Century Institute Report on Long-Term Care and the State Long-Term Care Plan. This week alone we have been called by a half- dozen reporters and WNPR to help inform newspaper articles, etc. Our leadership represents rebalancing in action.

Additionally, it is important to note that the state often pays consultants millions of dollars for work that the Commission has informed and at times produced. An example of this is our work as the Chair of the MFP Workforce Development Subcommittee and our LTSS website. In this way as well, we save the state significant money.

To illustrate the CoA's role in bringing accountability to state government: The Legislative Commission on Aging recognized a huge service delivery barrier in delays in processing eligibility of Medicaid Long-term Services and Supports. We then worked with its stakeholders, gathered necessary information and data, and led a series of meetings with the DSS Commissioner Bremby.

CoA Develops Workforce / Jobs: As chair of the MFP workforce development subcommittee, we have developed a 5-year strategic plan to address the needs of the workforce infrastructure. It is estimated that in the next five years the home- and community- based infrastructure will need an additional 9,000 jobs. As a leader in statewide planning efforts, CoA will continue to work with state agencies, community partners, workforce investment boards and various other stakeholders to recruit, retain and train thousands of workers for careers in the home- and community- based care field . The recommendations articulated in the workforce development plan, ***produced by the Commission on Aging*** for the MFP Workforce Development Subcommittee, are now being implemented through Money Follows the Person and the Governor's high-profile "Rebalancing Plan" that he announced late January.

> In the next 5 years, CT will need approximately 9,000 additional paid direct care workers.

CoA is a Highly Efficient State Agency: To accomplish our work with maximum efficiency, we have always pursued creative means to achieve our results. In illustration, the CoA:

- shares resources with our neighbors at the Capitol – including the African American Affairs Commission (e.g. including supplies, copier, fax machine, space, etc.)
- has associations with the UConn School of Social Work, Yale School of Public Health, UConn Law School, and enlists interns and research volunteers;
- has working relationships with a wide variety of stakeholders including: the philanthropy community, the providers, consumers, and the business community, from your districts and across the state;
- benefits from our board members from across the state. (Here's a snapshot of a few of our members: The chief of geriatrics at Yale/St. Raphael Hospital in New Haven, several heads of municipal departments on elderly and senior centers, a retired business attorney/ an executive of major corporations)
- represents a model for RBA. Through the wisdom of the CGA, PA 09-7 embedded RBA into the state statutes of the Commissions. We applaud this committee's data-driven decision-making utilizing RBA and look forward to continuing our collaboration with this committee.

Putting the CoA Budget into Perspective: To put the CoA's budget into perspective, it represents .0001% of the entire state budget. In relation to other Legislative Commissions, though sharing identical statutes, we are one of the smaller ones from a number of staff and budget glance. The CoA maximizes its limited funding as the vast majority of our funds go towards Personal Services for our professional staff of three (now budgeted for 2.9 FTE staff, including me). The CoA staff represents 3 (budgeted for 2.9 FTE) of the State's roughly 57,000 executive branch employees/600 legislative branch employees.

The CoA budget is lean. Volunteer reimbursements, travel, printed materials, etc. are all long gone. We respectfully ask that you predicate your support for the CoA based on the caliber of our work as illustrated in our RBA reports. Furthermore, if you would need additional information I would gladly share with you a highly comprehensive Executive Director's Report that I submit each month to the board.

As a reminder: As you know, in recent years PA 09-3 (and the governor's holdback reductions) cut the already lean CoA budget by 55%. Actually, all the legislative Commissions were cut by roughly the same percentage. In other words, we were ahead of the curve in our shared sacrifice. Responsibly, the CoA made the necessary adjustments to further streamline our operations and tackle our mandate with laser-like focus. Our best option was to significantly reduce salaries/staff schedules (20-50%). This budget reduction led to the eventual loss of a valued staff member.

In Closing: Through our ongoing collaboration, it becomes clear, the highly complex and multi-faceted aging-related issues the CoA is tackling helps "turn the curve".

By supporting the Legislative Commission on Aging you affirm that you hold in high value the quality of life for present and future older adults in our state, that you understand the seriousness and complexity of our graying state and that you hold in high regard accountability, performance and results in state government.

Thank you for supporting the CoA and the other Legislative Commissions.

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Leadership Results Resourcefulness Accountability Vision Teamwork Innovation Leadership Partners Best Practices Results Leadership Accountability Results Expertise Data Collaboration Innovation **Leadership** Turning the Curve Accountability Results Leadership Teamwork Results Leadership Strategies Innovation Collaboration Results Leadership Accountability Results Leadership Accountability Collaboration Efficiency Smart Government Planning Innovation Partners

Legislative Commission on Aging Policy

2012 Results-Based Accountability Report

Leadership Innovation Collaboration Expertise *with a Performance Report Card* Partners Teamwork Data Results Accountability Teamwork Strategies Results Leadership Collaboration Strategies Expertise Results Accountability Teamwork Expertise Innovation Results Commitment **Accountability** Leadership Results Collaboration Accountability Results Leadership Expertise Results Leadership Strategies Accountability Non-partisan Results Leadership Teamwork Results Leadership Results Style Leadership Accountability Resource Leadership Accountability Data Teamwork Leadership Strategies Vision Results Leadership Accountability Results Collaboration Accountability Strategies Results Leadership **Results** Partners Data Teamwork Innovation Leadership Vision Accountability Collaboration Results Best Practices Leadership Innovation Results Leadership Implementation Accountability Vision Leadership Expertise Accountability Results Planning Partners Results Teamwork Oversight Results Expertise Accountability Turning the Curve Leadership Accountability Vision Leadership Positive Force Results Accountability Smart Government Results Data Innovation Results Leadership Strategies Objective Vision Expertise **Turning the Curve** Leadership Resource Partners Innovation Results Implementation Results Teamwork Accountability Expertise Results

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COMMISSION ON AGING

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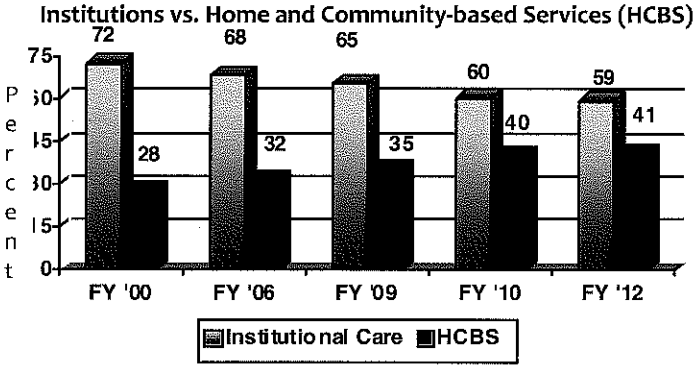
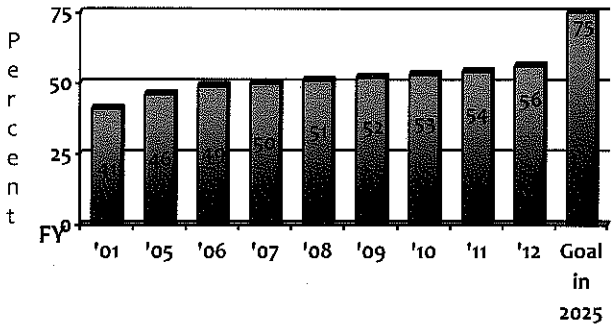
Legislative Commission on Aging Policy 2012 Report on the Status of Older Adults

All CT Older Adults are ~ "free from discrimination"

Percent of CT Medicaid LTSS Dollars for Institutions vs. Home and Community-based Services (HCBS)



Percent of CT Medicaid LTSS Enrollees who Receive Home and Community-based Services (HCBS)



Indicator 1: % of Medicaid LTSS Dollars Spent on Institutional Care vs. HCBS

Story Behind the Baseline: CT spends 59% of its $2 billion+ Medicaid LTSS budget on institutional care and 41% on home and community-based services (HCBS). This 41% serves well over half of all LTSS Medicaid enrollees. Utilizing Medicaid LTSS dollars for HCBS costs significantly less. Data indicate that CT could spend up to $756 million less every year with a more progressive system that invests a higher percentage of LTSS Medicaid dollars in HCBS.

(Note: The 5% shift from '09-'10 is due to a change in DSS Medicaid accounting procedures and does not indicate accurately a large shift in the balance.)

Indicator 2: % of Medicaid LTSS Enrollees who Receive Institutional Care vs. HCBS

Story Behind the Baseline: Medicaid is institutionally biased and can be construed as discriminatory. However, states across the nation are making strides to "rebalance" LTSS systems to give people more choice in how and where they receive LTSS. In CT approximately 56% of Medicaid LTSS enrollees receive HCBS while 44% are in institutions, a gradual improvement this decade. The state LTSS Plan goal is for 75% of Medicaid LTSS enrollees to utilize HCBS by 2025 (Oregon, the leading state, is already at 85%). Utilizing Medicaid LTSS dollars for HCBS costs significantly less than institutional care and is the setting 90% of people prefer.

Money Follows the Person (MFP), established by Congress through the Deficit Reduction Act of 2005 and further enhanced by the Affordable Care Act in 2010, is presently the engine for systems change in CT and administered by DSS.

CoA Strategies to Turn the Curve:

- Enhance programs and supports that allow people to age in place, including nursing home diversion strategies
- Implement LTSS global budgeting and reinvest cost savings and related FMAP directly into the LTSS
- Support, enhance and coordinate the LTSS infrastructure (e.g. workforce, housing)
- Support nonprofit providers and their consumers by improving state contracting processes, establishing adequate reimbursements and expediting eligibility determination processes
- Restructure state LTSS systems for maximum integration and coordination
- Educate, engage and support local municipalities in their efforts to respond to their changing communities
- Continue to transition nursing home residents to their homes and communities if they so choose
- Incent nursing homes to diversify services
- Strive to integrate the Medicare-Medicaid Enrollees (MME) Initiative with the LTSS rebalancing initiatives to maximize health and quality of life outcomes

How CoA Helps Turn the Curve: The CoA helped get the LTSS rebalancing ball running after the U.S. Supreme Court Olmstead Decision by spearheading and promoting the LTC Needs Assessment (PA 6-188), and legislation establishing the state's principle statement - that people have the right to the least restrictive environment and separately, the State's LTSS website (of which CoA developed with its partners). CoA applies actionable recommendations across various initiatives and efforts; co-chairs and manages LTC Advisory Council (§17b-338) and in this role helped develop the State's LTSS Plan every 3 years; co-chairs the MFP steering committee; leads/participates in range of MFP activities such as chairing both the MFP workforce and policy subcommittees; creates a semiannual comprehensive LTSS Strategies document; developed proposal to reorganize the state's LTSS system; provided organizational staff support to and participated on the Aging in Place Task Force (SA 12-6); convenes briefings; leads and participates in various groups of stakeholders identifying pursuing and designing federal health care reform opportunities to streamline the HCBS system.

Commission on Aging 2012 Report on the Status of Older Adults

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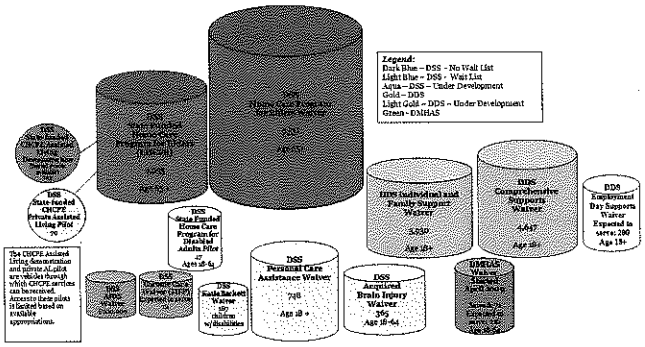
CT LTSS Medicaid HCBS Waivers (& state-funded programs/pilots)



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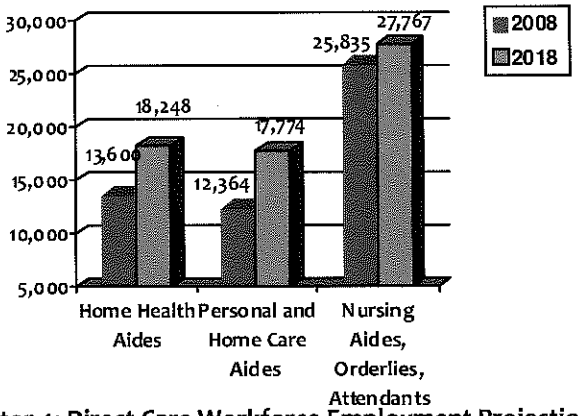
CT Direct Care Workforce Employment Projections 2008 to 2018



Indicator 3: Access to HCBS for Medicaid LTSS

Story Behind the Baseline: To utilize Medicaid to pay for HCBS, people must navigate a complex system and try to fit into one of many narrowly defined waivers (or state-funded programs/pilots) as illustrated above. Furthermore, most waivers (or state-funded programs & pilots) have waiting lists or as is the case for the CHCPE a prolonged eligibility determination process. However, it is relatively easy to identify and access more expensive and restrictive institutional care for Medicaid recipients which allows for presumptive eligibility.

CoA Strategies to Turn the Curve:

- Allow for presumptive eligibility for Medicaid HCBS Waivers
- Simplify/streamline Medicaid HCBS Waiver system
- Address waiting lists, enrollment caps, prolonged eligibility determination and the varied menu of services for HCBS waivers (a comprehensive 1915(i) state plan amendment would address waiting lists and caps)
- Create greater integration of aging and disability programs and services at the state level and develop state government structure to best meet residents' LTSS needs
- Provide consumer choice and self-direction
- Help inform and coordinate inter and intra agency rebalancing plans/reports/data sets and initiatives.

How CoA Helps Turn the Curve: CoA collects and maintains data on the various HCBS Medicaid waivers; educates policymakers about waiver structure and develops strategies and proposes legislation to streamline the system. CoA facilitated a series of meetings among stakeholders with the DSS Commissioner and his elite team and initiated solutions and partnerships to expedite eligibility determination. CoA prompted and participated in planning meetings for the BIP proposal ($80 million federal grant for CT); provides comments to CMS on federal Medicaid waiver rules; partners with the disability community; and leads coordinative efforts to integrate various federal/state rebalancing plans/reports/data sets and initiatives (e.g. LTSS website/ BIP/ADRC).

Indicator 4: Direct Care Workforce Employment Projections

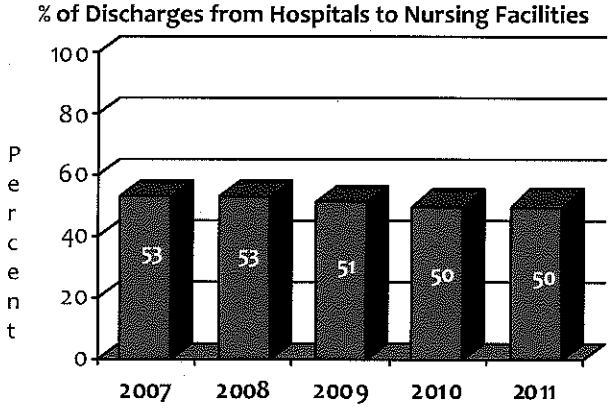
Story Behind the Baseline: Workforce development is one of the most significant components to achieve success in "rebalancing" - that is, honoring an individual's right to receive services and supports in the setting of their choice. Data indicate that CT will need 9,000 more direct-care workers in the next 5 years. An aging population, the growth in demand and the decline in the working age population will challenge the system. As Connecticut aggressively pursues the Medicaid LTSS rebalancing goals set forth in the state's Long-Term Services and Supports Plan, the need for focused efforts to recruit, train, retain and support paid and unpaid direct care workers is essential.

CoA Strategies to Turn the Curve:

- Promote workforce initiatives that are proven to support consumer choice, self direction and quality while enhancing recruitment, retention, productivity and training of the paid and unpaid direct care workforce
- Increase synergy with Connecticut's workforce system and support their efforts to create a pipeline of direct care workers with opportunities for career ladders and lattices to health and human/social services professions
- Create equity across state programs and systems (e.g., unemployment compensation and workers' compensation)
- Raise awareness of the importance and value of the paid and unpaid direct care worker

How CoA Helps Turn the Curve: CoA chairs and manages the MFP Workforce Development Subcommittee. Through this work CoA has written and disseminated a Direct Care Workforce Strategic Plan and leads efforts in carrying out the action steps set forth in the plan. CoA is also actively involved in several other workgroups that affect direct care workforce development including workgroups of the Allied Health Workforce Policy Board, Metro Hartford Alliance for Careers in Healthcare and the Home Health Legislative Workgroup and also provides ongoing consulting with Mintz & Hoke for the state's direct care workforce communications and recruitment plan.

All CT Older Adults are ~ "healthy and free from Discrimination"



Indicator 5: % of Hospital Discharges to Skilled Nursing Facilities

Story Behind the Baseline: In first three quarters of 2011, 50% of Medicaid enrollees leaving hospitals were discharged to institutions and 50% were discharged to a home setting. In part due to success in hospital discharge training and MFP, discharges to nursing facilities are decreasing. Data show that 66% of individuals on Medicaid who enter nursing facilities at hospital discharge are still there after six months. Discharge placements vary widely from 36% to 80% depending on the hospital.

At least two new Medicare-related initiatives could potentially impact this indicator: the Medicare Inpatient Prospective Payment System, as included in the Affordable Care Act, which will adjust payments made for excessive readmissions in acute care hospitals and the Medicare and Medicaid Enrollee (MME) Demonstration for Integrated Care.

CoA Strategies to Turn the Curve:

- Maximize use of Medicare (federal) HCBS funds
- Pursue federal funding and collaboration for evidence-based care transition programs with maximum coordination among and across sites of care
- Educate and support key hospital staff to ensure seamless access to community
- Support nursing home diversion as a benchmark of Money Follows the Person (MFP)
- Identify factors that influence hospital variation (demographics, poverty, health disparities)
- Target education, outreach and intervention to hospitals with a higher % placements in nursing facilities

How CoA Helps Turn the Curve: CoA helped craft and advance MFP-related legislation and serves as co-chair of the MFP steering committee and as a participant on the hospital discharge subcommittee; informs and supports care transition grant proposals; and participates in other efforts to maximize federal funds for HCBS. Moving ahead, CoA will also monitor the potential impact of Medicare Inpatient Prospect Payment System and the MME demonstration will have on this particular indicator.

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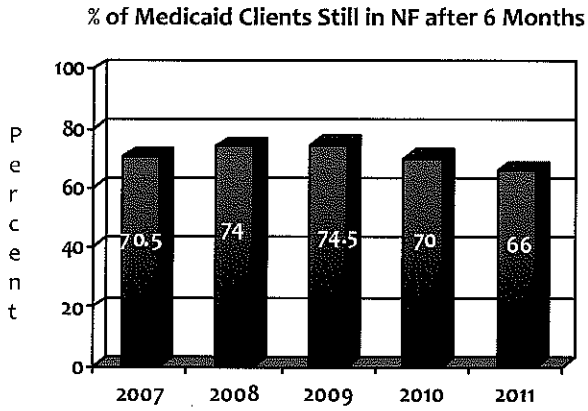


Indicator 6: % of Medicaid Clients Still in Nursing Facility Six Months after Hospital Discharge

Story Behind the Baseline: In 2010, 66% of Medicaid clients that entered a nursing facility at hospital discharge were still in a nursing facility 6 months later. On average, nursing homes cost the CT Medicaid program $79,205 per person/year. Data shows that since 2009 the trend is improving due to the success of various LTSS rebalancing initiatives.

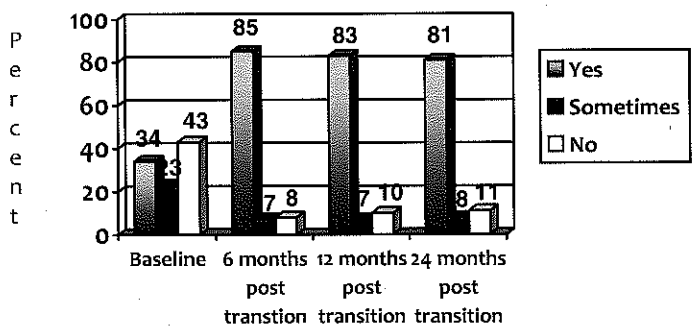
CoA Strategies to Turn the Curve:

- Maximize use of Medicare (federal) HCBS funds
- Support nursing home diversion as a benchmark of Money Follows the Person (MFP)
- Educate key hospital staff (e.g. discharge planners and/or physicians) about community options
- Target education and outreach to hospitals with a higher % placements in nursing facilities
- Educate nursing facility staff about community options
- Diversify nursing home business model to reflect individuals' needs and preferences

How CoA Helps Turn the Curve: CoA helped craft and advance MFP-related legislation and serves as co-chair of the MFP steering committee and as a participant on the hospital discharge subcommittee; and explores and pursues partners and successful efforts to maximize federal funds for HCBS. Additionally, CoA is involved with the state efforts to coordinate and improve care for individuals eligible for both Medicare and Medicaid as a member of the highly active Council of Medical Assistance Program Oversight and its Complex Care Subcommittee.

All CT Older Adults are ~ "healthy"

MFP clients reporting on "Do you like where you live"?



Indicator 7: % of MFP Consumers who Report that They Like Where They Live

Story Behind the Baseline: National data indicate that more than 90% of older adults would prefer to live in their homes and communities as they age. Data from the MFP Quality of Life Survey show that the percentage of MFP clients reporting "Yes" that they like where they live dramatically increases when they leave a nursing home and transition into the community. Twenty-four months after transition, 81% of MFP clients report "Yes" they like where they live. An important indicator of health status is quality of life. Note: This indicator is one of several pieces of data collected through MFP that measure quality of life; all have similar results that show improved quality of life.

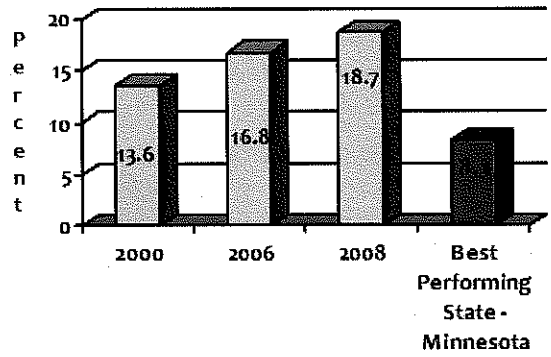
CoA Strategies to Turn the Curve:

- Prioritize quality of life by finding meaningful pathways for social connections and community resources
- Promote consumer choice and self-direction
- Foster flexibility in the scope and delivery of community-based services and supports
- Fully support nursing home diversion strategies as a benchmark of MFP
- Continue to educate nursing facility staff about community options
- Engage and involve the municipalities in the "rebalancing" discussion and planning and implementation efforts.

How CoA Helps Turn the Curve: CoA helped craft and advance MFP-related legislation and serves as chair of the MFP steering committee; and explores and pursues partners and successful efforts to maximize federal funds for HCBS. CoA formed a municipal engagement committee, developed recommendations and forged new partnerships with the philanthropic community and the CT Conference of Municipalities to develop "livable community" plans at the local level.

All CT Older Adults are ~ "healthy"

Percent of Long-Stay Nursing Home Residents with a Hospital Admission



Indicator 8: % of Long-stay Nursing Home Residents with a Hospital Admission

Story Behind the Baseline: Almost 19% of nursing home residents in CT were hospitalized for a health condition, leading to disruption, decreased quality of life and increased costs in 2008. Unfortunately, CT is headed in the wrong direction--with a 37% increase in this data point from 2000. If CT performed at the level of the best-performing state (MN), it would have increased quality of care – avoiding an estimated 2,058 unnecessary hospitalizations – and saving millions of dollars. Additionally, because of CT's "bed hold law," nursing homes must often keep these residents' beds vacant during their hospitalization and may not receive full reimbursement. Potential emerging factors such as: new Medicare rules which will penalize hospital readmissions beginning in federal fiscal year 2013; potential growth of use of "Observation Status" vs admittance, and other Medicare-related quality improvement initiatives.

CoA Strategies to Turn the Curve:

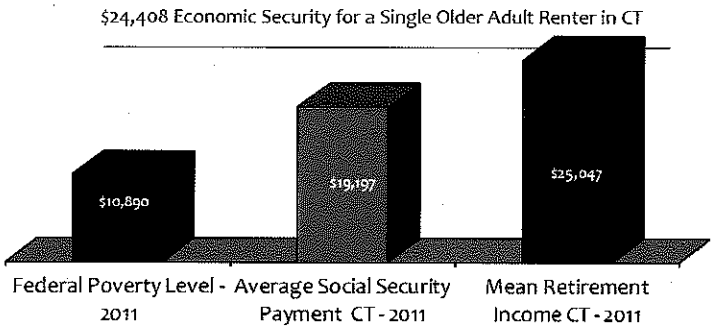
- Encourage current collaborative efforts to decrease hospital admissions
- Provide a higher level of primary care in the nursing home setting through the use of dedicated nurse practitioners to supplement physician care, as modeled by Minnesota
- Promote cooperation among primary care physicians, nurse practitioners, residents' families and the nursing home staff
- Continue to work to integrate and coordinate care provided by Medicare and Medicaid, to improve quality outcomes and value.

How CoA Helps Turn the Curve: CoA takes the lead on turning research and Best Practices into public policy; and collaborates with partners, to educate policymakers about this trend. Additionally, CoA is involved with the state efforts to coordinate and improve care for individuals eligible for both Medicare and Medicaid as a member of the highly active (MAPOC) and its Complex Care Subcommittee.

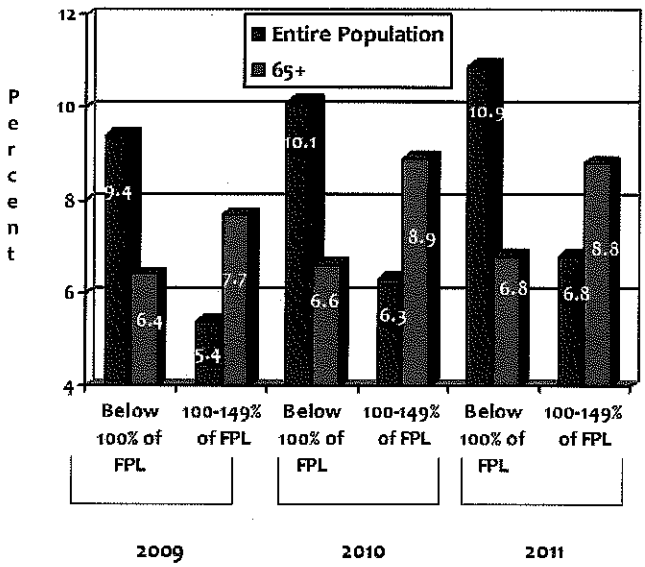
Commission on Aging 2012 Report on the Status of Older Adults

All CT Older Adults are ~ "economically self-sufficient"

Elder Economic Security Index (2008) vs. Other Benchmark Incomes for Single Older Adults in Connecticut (2010)



Percentage of CT Residents Living in Poverty 2009 - 2011



Indicator 9: Economic Security of CT's Older Adults

Story Behind the Baseline: Economic security is vital. According to the Elder Economic Security Initiative (EESI – released in 2010), more than half of older adults statewide are unable to make ends meet without the support of public programs.

Indicator 10: % of CT's 65+ Population Living in Poverty

Story Behind the Baseline: As is the goal of Social Security, most of CT's older adults are not living below the federal poverty level. However, a disproportionate number of older adults are living with limited means, between 100 and 149% of poverty level (for a single person, between $10,890 and $16,335 annually). Being slightly above the poverty level makes them ineligible for certain programs, but does not provide economic self-sufficiency in our high-cost state.

CoA Strategies to Turn the Curve:

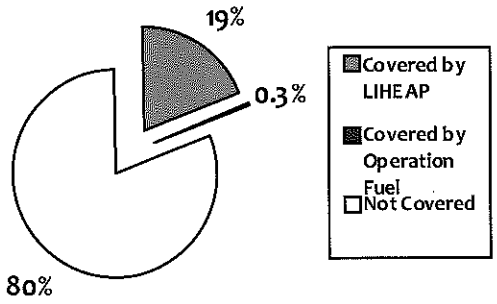
- Evaluate and prioritize public programs that are most effective in impacting economic security, particularly housing and health care
- Raise income potential for older workers by encouraging workplace flexibility
- Simplify eligibility for programs, create a single intake application and coordinate and support initiatives such the Balancing Incentive Program (BIP)
- Educate, engage and support philanthropic efforts to respond to the needs of the changing community.
- Engage municipal leaders and state-level policymakers to promote "livable communities"
- Encourage retirement and LTSS planning

How CoA Helps Turn the Curve: CoA partnered with PCSW, D.C.-based WOW, Inc. and UMass Boston on EESI, which calculates how much older adults across CT need to earn to attain economic security. EESI also evaluates the impact of support programs in our state. CoA continues to use the EESI data to inform public policy. CoA is a member of the Low-Income Energy Advisory board and partners with the CT Council for Philanthropy. These programs help fill the gaps and improve economic security. Additionally, CoA supports the above strategies through specific studies (e.g., workplace flexibility), convening forums, raising public awareness, submitting related legislation, commenting on state plans and developing proposals.

Commission on Aging 2012 Report on the Status of Older Adults

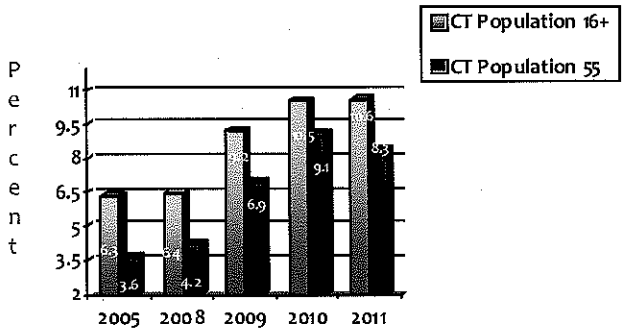
All CT Older Adults are ~ "economically self-sufficient"

Percentage of the Home Energy Affordability Gap Covered by LIHEAP



All CT Older Adults are ~ "economically self-sufficient and free from discrimination"

Unemployment rates in CT for all adults and adults 55+



Indicator 11: Percentage of Home Energy Affordability Gap Covered by LIHEAP

Story behind the Baseline: During the exceptionally mild winter of 2012, 104,416 Connecticut households received home energy cost assistance through the federally funded Low-Income Home Energy Assistance Program (LIHEAP); 30,782 households (30.7%) of the eligible LIHEAP caseload included a person aged 60+. Operation Fuel reports that up to 290,000 low-income CT households are at risk of not having enough money to pay heating bills in 2013. Operation Fuel says the average gap between actual energy costs and what these families can afford is now **$2,304.**

According to the Elder Economic Security Initiative, heating assistance is as important as prescription drug assistance in helping older adults meet their needs.

LIHEAP funding in FFY 2012 totaled $79,960,358. CT received $72,377,265 in LIHEAP funds for the 2012/13 program and has a balance of $7.9 million in 2012 "carryover funds" available. HHS may release more LIHEAP funds during the second quarter, depending on impact from "sequestration."

CoA Strategies to Turn the Curve:

- Create a rapid response team, composed of law enforcement, social services and elected officials from the state and municipalities and other relevant stakeholders, to ensure a coordinated response, including the option of alternative housing
- Include state funding to supplement federal LIHEAP dollars

How CoA Helps Turn the Curve: CoA participates on the Low-Income Energy Assistance Board (LIEAB), providing a voice for older adults, and continues to monitor and educate about these data and trends and recently participated in a press conference to emphasize the affordability gap.

Indicator 12: Unemployment rates of CT's 55+ population

Story behind the Baseline: From 2005 to 2011, the percentage of unemployed 55+ adults in CT increased by 130%, while overall unemployment increased by 68%. (The actual number of unemployed 55+ adults in our state more than doubled in that timeframe). The effect is even more dramatic for those over age 65, whose unemployment increased by 243% during that time. The largest impact is on the 65-74 age group: in 2011 alone, the percentage unemployed dramatically increased from 4.6% to 9.3%. These data indicate that older workers are losing their jobs at a disproportionate rate to younger workers. Older individuals may face discrimination during hiring, promotion and lay-off decisions. However, as age, experience and salary are linked, **age discrimination** in the workplace can be difficult to prove. As retirement benefits are being reduced, pension plans have taken a hit, and since people are living longer, many individuals need to stay in the workforce longer.

CoA Strategies to Turn the Curve:

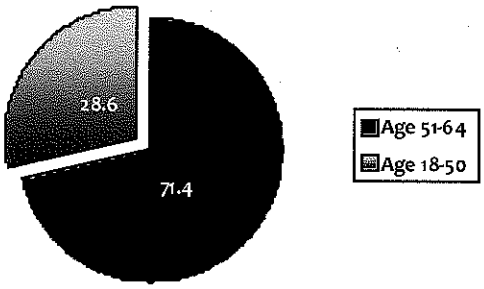
- CT's Dept. of Labor to collect timely age-specific data
- Provide more workplace flexibility policies
- Raise awareness about the rapidly growing number of unemployed older adults

How CoA Helps Turn the Curve: CoA completed a multi-year project on Redefining Retirement Years and has educated policymakers, including other states' initiatives to embed workplace flexibility into their statutes and policies for state workers. CoA crafted legislation in the past and worked with stakeholders from the administration, legislature and employee unions to build support. The issue gained traction and PA 10-169 required DAS to develop and implement telecommuting guidelines for state employees. CoA will continue to promote flexibility in the workplace which will serve as a great benefit for older adults and caregivers of all ages as well.

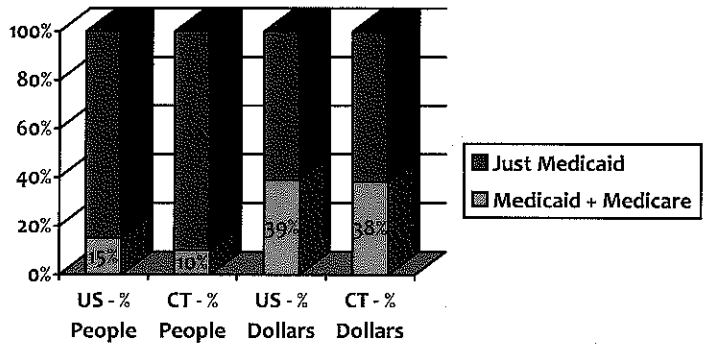
Commission on Aging 2012 Report on the Status of Older Adults

All CT Older Adults are ~ "healthy"

Enrollees in the Charter Oak Plan by Age



All CT Older Adults are ~ "healthy"



Indicator 13: Percentage of Charter Oak Plan Enrollees Over the Age of 50

Story Behind the Baseline: The Charter Oak Plan, CT's health care plan for the uninsured, is currently utilized by a high percentage of people over the age of 50. Additionally, of the Charter Oak enrollees over the age of 50, more than 1 in 4 earn more than 300% of the federal poverty level. This means that enrollees are likely working, but in jobs that do not provide health insurance. Finally, as alternate insurance options continue to be made available to younger adults (e.g., extending parents' health insurance coverage to age 26), few affordable options remain for older adults.

CoA Strategies to Turn the Curve:

- Work to counter high unemployment of people aged 50-64
- Publicize the availability of Charter Oak, while ensuring appropriate coverage under the plan

How CoA Helps Turn the Curve:
CoA participates in the Council on Medical Assistance Program Oversight to provide a voice for older adult concerns. We continue to monitor these data and trends.

Indicator 14: Spending on Individuals who are enrolled in both Medicaid and Medicare

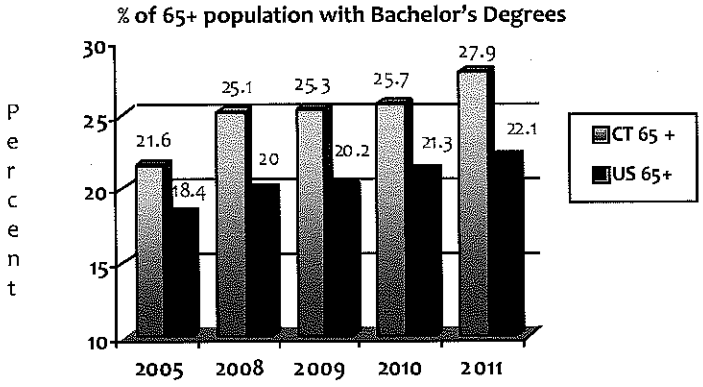
Story Behind the Baseline: In Connecticut 57,569 people are enrolled in both Medicare and Medicaid (known as Medicare-Medicaid Enrollees or MMEs). Among MMEs, 57% are older adults while 43% represents individuals with disabilities. Collectively they represent 10% of people of Medicaid. They are among the most chronically ill and costly in both Medicaid and Medicare with multiple chronic conditions and/or LTSS needs. Moreover, there is no indication that these funds provide better health outcomes; there is virtually no coordination between funding streams or care provided by Medicaid and Medicare and limited, if any, quality data exist to date.

CoA Strategies to Turn the Curve:

- Obtain and analyze quality of life data for duals in CT, both quantitative (e.g., emergency department visits) and qualitative
- Redesign the state Medicaid program to improve health outcomes, while enhancing value
- Incent intensive care management while establishing a person centered team based care
- Ensure widespread access of home and community-based services

How CoA Helps Turn the Curve: CoA historically played a lead role on the Complex Care Committee of the Council of Medical Assistance Oversight Program, which is working with DSS to redesign the system of care. In May '12, DSS submitted its MME Demonstration for Integrated Care proposal to CMS. It was developed with the help of a $1 million planning grant provided to CT by the federal government to design a new system. Its goals are as follows: person-centeredness, ensure coordination between Medicare and Medicaid, allow for choice in LTSS settings, improve access to primary care and specialists and provide coordination among doctors, hospitals and other providers. (This effort is one of many to coordinate Medicare and Medicaid.)

All CT Older Adults are ~ "educationally fulfilled"



Indicator 15: CT's 65+ Population with Bachelor's Degrees

Story Behind the Baseline: CT's older adults continue to be well-educated, in comparison with their peers across the country, reflecting the general trend for Connecticut's residents of all ages. As the Baby Boomers age, the percentage of CT older adults with college degrees will continue to rise.

There are many financial and health benefits associated with higher levels of education. For example: new studies suggest that high levels of education may help ward off Alzheimer's Disease (one of the main causes of dementia); upon onset it progresses rapidly.

CoA Strategies to Turn the Curve:

- Continue to focus on providing quality education at many levels of college, including community colleges, focusing on workforce shortages;
- Promote and expand college-level audit opportunities

How CoA Helps Turn the Curve: CoA respectfully suggests not focusing its efforts and limited resources on trying to turn the curve for this specific quality of life indicator.

Sources:

Indicator 1 and 2: CT Office of Policy and Management (OPM), 2013 Long-Term Services & Supports Plan

Indicator 3: DSS (CHCPE Quarterly Report), DDS and DHMAS Waiver Managers

Indicator 4: CT Department of Labor, 2008-2018 CT Employment Projections for Healthcare Support Occupations

Indicator 5: CT Department of Public Health, Division of Health Care Access, Acute Care Inpatient Discharge Data

Indicator 6 and 7: UConn Center on Aging, MFP Quarterly Report 3, 2012 (July 1, 2012 – September 30, 2012)

Indicator 8: Commonwealth Fund State Scorecard, 2011

Indicator 9: Elder Economic Security Index, 2009, US Census, 2011 American Community Survey (ACS), One Year Estimates

Indicator 10, 12 and 15: US Census, 2011 American Community Survey (ACS), One Year Estimates

Indicator 11: DSS and Operation Fuel's "Home Energy Affordability: 2012"

Indicator 13: Medical Assistance Program Oversight Council and US Census, ACS, One Year Estimates

Indicator 14: DSS, Council on Medical Assistance Program Oversight Reports

Legislative Commission on Aging Policy Performance Report Card: 2012

All CT older adults are healthy, safe, economically self-sufficient, free from discrimination and achieve educational fulfillment.

Approach 1: Research

Measure: Number of CoA published reports and updates in 2012

Number of CoA published reports/fact sheets/updates in 2012	20+

Story Behind the Baseline: CoA turns research into action - *and action into results!* With a small, dedicated staff and partners, CoA has published reports and fact sheets in the past year on topics ranging from direct care workforce to the Money Follows the Person Program. These and previously published briefs have informed policy-making on the state and local levels. CoA has shared information through legislative briefings, community forums, senior fairs, email updates to our 1200+ person mailing list, Facebook, the media, in-person meetings with stakeholders, public testimony and more.

Additionally, CoA's work continues to be utilized by a variety of sources (most recently, the DSS Right-Sizing Initiative, the Governor's Rebalancing initiative) policy reports from the media, paid consultants, policymakers, etc. CoA partners with researchers from the UConn Health Center's Center on Aging, Everyday Democracy, Yale School of Medicine, PHI, WOW, etc. to identify, evaluate, and advance national trends and best practices.

CoA, as mandated staff for the Aging in Place Task Force (SA 12-6) and the Grandparents Visitation Rights Task Force (PA 12-137), drafted the final reports for these task forces.

Future Action:

- Continue to provide nonpartisan, objective research and expertise to the public and policymakers
- Work to embed evidence-based practice in state systems
- Analyze and feature a variety of newly released data including US Census and Medicaid long-term services and supports data
- Pursue gaps in data such as Medicaid health care data, data specific to those not on Medicaid in need of LTSS, and direct care workforce development data.

Approach 2: Assess State Programs, Policies and Structure / Implementation

Measure: Number of substantive interactions between CoA and other state agencies

Number of state agencies connected to the CoA and Its work	21
Number of state plans and reports on which CoA commented in 2012	9
Number of meetings with executive Branch Officials in 2012	200+

Story Behind the Baseline: CoA has extensive working relationships with executive branch agencies and in-depth knowledge of state aging-related programs, policies, and structure - most notably those relating to long-term services and supports, comprising approximately 13% of the state budget (over $2 billion). CoA regularly assesses information on state programs, services, and policies affecting older adults in CT and puts forth recommendations (often resulting in legislation) for improvement and major reform. CoA provides formal comments on proposed state plans and proposals. CoA also solicits and coordinates diverse stakeholders' comments on these plans. CoA co-chairs the Money Follows the Person Steering Committee (a DSS administered multi-million dollar project), chairs the MFP Workforce Development Subcommittee, participates on the Medical Assistance Program Oversight Council, LIHEAP – all of which have representation from the executive branch.

Future Action:

- Enhance existing collaboration with executive branch decision-makers and program administrators and build partnerships with new administrative leaders
- Enhance monitoring and information-sharing of programmatic and policy decisions to determine effectiveness and implications of resulting policies for older adults
- Continue to promote streamlining services and supports and systems within state departments, consistent with national trends and best practices
- Enhance efforts to maximize federal and state funds

Approach 3: Legislative Work

Measure: Number of bills analyzed

Number of bills on which CoA testified in 2012	27
Number of bills monitored during 2012 session	80
Number of meetings with Legislators	35

Story Behind the Baseline: CoA works closely with policymakers from a nonpartisan, objective perspective to help turn research into sound public policy. Utilizing a variety of data sources - including US Census data, PHI, EESI and others - the CoA shares relevant information with policymakers to impact legislative decision-making. Through formal and informal meetings with legislators and staff, informational forums, testimony at public hearings, regular email updates to legislators and more, CoA educates policymakers about issues affecting older adults and impacting the state. In 2012, CoA hosted briefings on long-term services and supports proposals and an end-of-session forum for the CT Elder Action Network. CoA also produced and broadly distributed the "Inside the Dome Report;" drafted legislation; was extensively involved in Grandparents Visitation legislation (PA 12-137); managed the Aging in Place Task Force (SA 12-6); keynoted at various legislative-related events and participated at events/meetings (including legislators' senior fairs) across the state.

Future Action:

- Continue education and outreach work with legislative community
- Continue work with policymakers to streamline state government and improve service delivery
- Continue to identify opportunities and prompt efforts to maximize federal and state funds
- Enhance connections with federal legislators to help CT maximize opportunities available under national health care reform
- Track proposals: e.g. various deficit mitigation plans and impact on aging-related programs

Approach 4: Finding Efficiencies in the State Budget

Measure: Potential Medicaid cost avoidance due to CoA recommendations

2025 costs with current client ratio	$6,363,865,910
2025 costs with optimal client ratio	$5,607,647,360
Cost avoidance	**$756,218,550**

Story Behind the Baseline: CoA devotes an enormous amount of time to long-term services and supports rebalancing and continues to recommend and implement critical components to restructure the delivery of LTSS in Connecticut. Our current system favors institutional care, but the state goal is to rebalance the system to make home and community-based care a more available option. In FY 2012, 56% of all Medicaid LTSS enrollees in Connecticut were served in the community (and 44% were served in institutions). The State LTSS Plan goal is for 75% of Medicaid LTSS enrollees to utilize HCBS by 2025 (Oregon, the leading state, is already at 85%). Utilizing Medicaid LTSS dollars for HCBS costs significantly less than institutional care and is the setting 90% of people prefer.

CoA has presented actionable recommendations to achieve rebalancing to community groups, the business community, legislators, the executive branch, and the media. Additionally, CoA continues to lead efforts to maximize opportunities available under the Affordable Care Act.

Note: as the "rebalancing" ratios approach the state's goal the cost avoidance dollar amount will decline as "potential" savings are transformed into actual savings through rebalancing.

Future Action:

- Continue to work towards rebalancing
- Enhance working relationship with the executive branch and partner with diverse stakeholders to reach rebalancing goals
- Continue to promote global (flexible) and transparent budgeting

Approach 5: Leadership / Partnerships

Measure: Number of coalition /partners

Number of coalitions/task forces	23
Number of representatives on these coalitions/tasks forces	436
Total reach of coalition/partners	640,000+

Story Behind the Baseline: The CoA leads, coordinates and participates in formal coalitions working on a vast array of aging-related quality of life issues involving dozens of diverse partners. The above chart highlights the number of coalitions (23) in which we lead or participate, the number of representatives/organizations on those coalitions (406), and finally the hundreds of thousands members of those organizations.

CoA provides critical top-level leadership on several collaborations including the legislatively mandated LTC Advisory Council (partners in the development of the State's LTSS Plan); chairs and manages the CT Elder Action Network; chairs the Money Follows the Person Steering Committee; chairs and manages its MFP Workforce Development and Policy subcommittees.

Through SA 12-6 the CoA was tasked with staffing and being a member of the Aging in Place Task Force. Additionally, in 2012, the CoA formed new and productive partnerships: most notably with the philanthropy community and with the CT Conference of Municipalities.

Future Action:

- Further enhance strategic partnerships with the faith, business, and philanthropic communities (as specifically mandated in PA 09-7)
- Continue to partner with the disability community to build synergy to break down systemic barriers and work toward greater efficiency and parity
- Enhance efforts to connect with the Workforce Investment Boards and other stakeholders
- Encourage legislative appointing authorities to help ethnically diversify the CoA Board. In doing so may suggest an improved reporting process.
- Inform the CT Congressional Delegation on issues impacting older adults in CT
- Seize opportunities and encourage initiatives that involve baby boomers and older adults as change agents through civic engagement.

Approach 6: Education and Outreach

Measures: Number of media hits and Number of CoA Website visits

Total number of media hits	234
Radio	21
Televised (events)	29
Print (published articles)	184
Number of CoA website visits	79,978

Story Behind the Baseline: The CoA raises awareness about the status of older adults in Connecticut and the need to prepare for dramatically changing demographics. CoA utilizes no-cost multi-media ("earned media") news outlets, its Facebook, Twitter and website vehicles, forums, interviews, news conferences, news releases, letters and other means to deliver objective, data-driven messages. The chart above records the approximate number of times CoA staff and/or data were quoted, or the CoA's name appeared, in newspaper or magazine articles and on radio and television. The CoA hosts a monthly radio program on WTIC–AM1080, drawing approximately 15,000 listeners, and produces fact sheets, programmatic and legislative updates. CoA board members and staff also interact on a personal level with residents by reaching out into communities statewide.

Also featured in the chart above is the number of visits (not "hits" which is a far higher but less accurate number) to the CoA website. On average the dynamic CoA website experiences roughly 210 visits each day. CoA utilizes Facebook and Twitter to its growing outreach network.

Future Action:

- Produce a regular statewide show on cable television
- Continue building relationships with the media
- Continue and enhance current multi-faceted methods

Approach 7: Information and Assistance

Measures: Requests for information

Total Number of requests for Information: Approximately 1,000

Story Behind the Baseline: In 2012, the CoA's three-person staff responded to approximately 1,000 calls, emails, letters and in-person requests from older adults, adult children, legislators and their aides, the news media and others. Legislators and aides increasingly seek the CoA's assistance for information and counsel about policy and constituent issues. Inquiries from constituents and their loved-ones are most often related in some way to financial security.

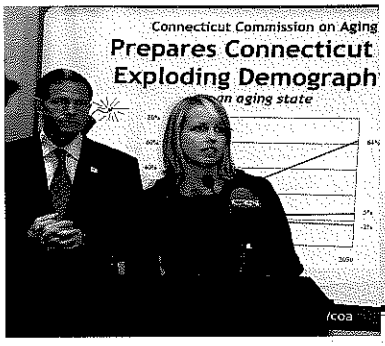
Aging-related issues are highly complex, while the services and support network is fragmented and difficult to navigate.

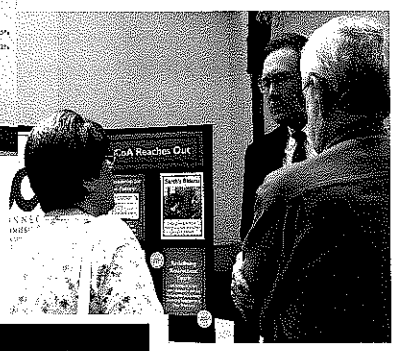
In response, the Legislature mandated creation of the Long-term Services and Supports website. This website, created by the CoA, experiences approximately 100,000 visits each year. The website is utilized by many in the state and private sector as a "one-stop shopping" site for services and supports for older adults and persons with disabilities.

Future Action:

- Integrate the LTSS website into the No Wrong Door (NWD) to help meet the requirement of the Balancing Incentive Program (BIP) proposal. Note: DSS has just received an $80 million dollar grant (known as BIP) from the federal government to restructure LTSS. One of the three requirements is to establish a NWD. It is in DSS proposal that the NWD will utilize the LTSS website , ADRCs and other community outreach and information portals.

CoA ~ Turning the Curve!





CoA 2012 Performance Card ~
General Information CGS §17b-420

CONNECTICUT COMMISSION ON AGING

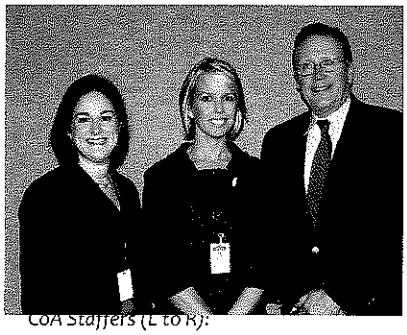
Celebrating its 20th year of excellence!

Legislative Commission on Aging Policy: a nonpartisan, independent agency of the Connecticut General Assembly which provides research, actionable plans, objective oversight and policy implementation within government. This role is unique within state government. The CoA is comprised of a resourceful team of 21 voting (unpaid) members, 3 professional staff, and volunteers/interns. It is one of six distinct Legislative Commissions (Children, Women, African-Americans, Latino and Puerto Ricans, and Asian Pacific Americans).

Location: State Capitol - 5th floor

Annual Budget: $253,506 for FY '12

Personnel: Its small staff delivers deep knowledge, experience and responsiveness, continued opportunities for growth and enrichment and a cost-effective agency.

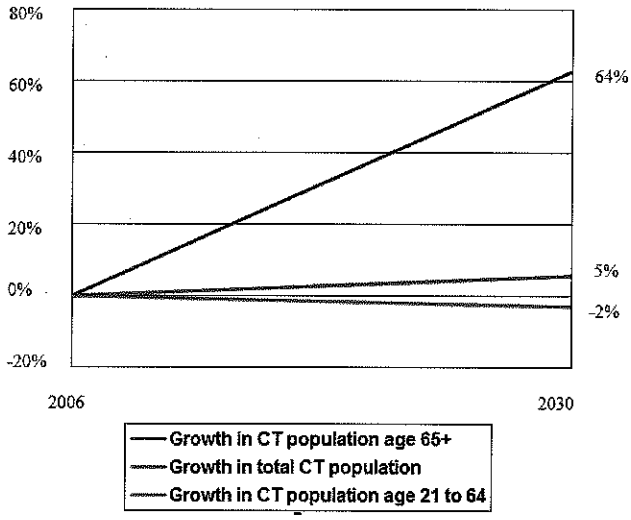


CoA Staffers (L to R):
Deb Migneault, Legislative & Community Liaison
Julia Evans Starr, Executive Director
Robert Norton, Communications

Volunteer Board Members appointed by the Legislative Leaders:
Executive Team: Chair, Richard Memmott of West Haven; Vice Chair, Sherry Ostrout of Hartford; William Eddy of Simsbury; Sharon Gesek of Seymour; Penny Young of New Canaan. **Members:** Jeanne Franklin of Westport, Ray Guenter of West Hartford; Nancy Heaton of Sharon, Nancy S. Hodkoski of Torrington, Judith Jencks of Lisbon; Gerard Kerins of Madison, Mary Ellen Klinck of East Haddam, Christianne Kovel of Middletown, John Nelson of Hartford, Jim Pellegrino of Meriden; Ed Roman of Fairfield, Dianne Stone of Norwich and Susan Tomanio of Bethel.

Work in Relation to Demographics and to State Budget: CoA works to ensure all present and future older adults in CT live where they choose to live. At the same time, it works to prepare the state for a vastly changed demographic – a dramatic increase in the sheer numbers of older adults and unprecedented longevity. This growing constituency has a profound effect on nearly every facet of society and most certainly the state budget. Medicaid LTSS expenditures alone represent approximately 13% of the state budget. CoA has developed specific recommendations to achieve large scale efficiencies that can be achieved at a lower cost to the state and provide an increased quality of life.

CT Demographics by Age



Source: Connecticut Commission on Aging/UConn

Data Development Agenda: CoA turns research into action - *and action into results* by collecting and analyzing data from a variety of state and national sources. Utilizing this data, CoA presents and implements public policy recommendations. This role is unique within state government. Moving forward, CoA will analyze and feature a variety of newly released data including US Census and Medicaid long-term services and supports data. We will pursue gaps in data such as Medicaid health care data, data specific to those not on Medicaid in need of LTSS and direct care workforce development data.

CoA RBA Approaches: The following are the primary approaches/activities CoA employs to support the strategies outlined: **Research; Assess State Programs, Policies and Structure/Implementation; Legislative Work; Maximizing Federal and State Funds; Partnerships/Leadership; Education and Outreach; and Information and Referral.**

CONNECTICUT
COMMISSION ON AGING

For more information, please contact the Commission on Aging:
860-240-5200, check out our web site at www.cga.ct.gov/coa or
Join Us on Facebook and Twitter